Single Audit Certification Form Arizona State Forestry

Arizona State Forestry and federal grant subrecipients are subject to the requirements of the Arizona Revised Statutes, ARS 35-181.03, and the Federal Office of Management and Budget (OMB) and Code of Federal Regulations, 2 CFR Part 200 subpart F, regarding completion of Single Audits. These require monitoring of state and federal award subrecipients (subgrantees), determination of whether they have met the audit requirements, and whether they are in compliance with state and federal laws and regulations.

Based on these requirements, we are requesting that you check the following paragraph that pertains to your organization, provide all appropriate documentation regarding your organization's compliance with the audit requirements, sign and date the form, and return the completed form to our address below within thirty days of receipt.

Additional information about Single Audit Requirements:

Arizona Revised Statutes	https://www.azleg.gov/arstitle/
Code of Federal Regulations:	http://www.eCFR.gov
Federal Audit Clearinghouse:	https://harvester.census.gov/facweb

Select one:

1	1	gle Audit for the fiscal year referenced above and completed the required udit report and a schedule of the programs by major program are
		eptions were noted, please enclose a copy of the responses and corrective
2	referenced above. The aud	Arizona State Forestry a copy of the Single Audit for fiscal year lit report and schedule of the programs by major program were
3 We expect our Single Audit for the fiscal year referenced above to be completed		
	by A forwarded to Arizona Stat	A copy of our audit report and schedule of the programs will be e Forestry within 30 days of receipt of the report.
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4 We are not required to complete a Single Audit for the fiscal year referenced above because:		
	We expend	less than \$250,000 in total state awards annually.
We expend less than \$750,000 in total federal awards annually. (A threshold of \$500,000 applies to fiscal years that began before 12/26/2014)		
Other (please explain):		
Organization Name:		
AZ Forestry Grant Number(s):		
Organization Fiscal Year Ends:		(mm/dd/yyyy)
Type or Print Name:		Title:
	~ •	Date:
Return cor	mpleted form to:	

Arizona State Forestry Grant Audit Coordinator 1110 West Washington, Suite 500 Phoenix, Arizona 85007